

PART B - FEE(S) TRANSMITTAL

Complete and mail this form, together with applicable fee(s), to:

Mail Stop Issue Fee
Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

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CERTIFICATE OF ELECTRONIC FILING

29989 7590 08/13/2009

HICKMAN PALERMO TRUONG & BECKER, LLP
 2055 GATEWAY PLACE
 SUITE 550
 SAN JOSE, CA 95110

I hereby certify that this Fee(s) Transmittal is being filed Via Electronically on the date indicated below and addressed to:
 Commissioner for Patents, Alexandria, VA 22313-1450

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/044,019	01/11/2002	Partha Bhattacharya	50325-0629	8175

TITLE OF INVENTION: METHOD AND APPARATUS FOR COMPARING ACCESS CONTROL LISTS FOR CONFIGURING A SECURITY POLICY ON A NETWORK

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
	nonprovisional	NO	\$1510	\$0	\$1510	11/13/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
MOORTHY, ARAVIND K.	2431	713-201000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of Correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agents) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Hickman Palermo Truong & Becker LLP

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

CISCO TECHNOLOGY, INC.

San Jose, California

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ Individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed:

☒ Issue fee

4b. Payment of Fee(s):

☐ A check in the amount of the fees is enclosed.

☐ Publication Fee

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee and Publication Fee (if any or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) /ZhichongGu#56543/

(Date) November 6, 2009

Zhichong Gu, Reg. No. 56,543

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